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APPLICANTS

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** CONTINUING DATA ***** *YES her*

This application is a CIP of 10/418,845 04/18/2003
 which is a CON of 09/738,270 12/15/2000 PAT 6,602,191

** FOREIGN APPLICATIONS ***** *NAK her*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>W.H. R. W.H. R. W.H. R.</i> Examiner's Signature Initials	STATE OR COUNTRY CA	SHEETS DRAWING 12	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 7
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TITLE

METHOD AND APPARATUS FOR HEALTH AND DISEASE MANAGEMENT COMBINING PATIENT DATA MONITORING WITH WIRELESS INTERNET CONNECTIVITY

FILING FEE RECEIVED 857	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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